

Attorney's Docket No. 3202R

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original ☐ design ☐ supplemental
☐ divisional ☐ continuation ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

MULTIFUNCTIONAL DISPERSANTS

insert title above

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title..

(b) ☐ was filed on _____ as ☐ Serial No. 0/_____ or

☐ Express Mail No. _____, ☐ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664
Samuel B. Laferty, 31,537
Teresan W. Gilbert, 31,360

Michael F. Esposito, 29,506
Joseph P. Fischer, 31,758
Jeffrey F. Munson, 45,705

Docket No. 3202R

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator-022B
29400 Lakeland Boulevard
Wickliffe, OH 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

David M. Shold
(440) 347-1601

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Craig

(GIVEN NAME)

D.

(MIDDLE INITIAL OR NAME)

Tipton

(FAMILY OR LAST NAME)

Inventor's signature

Craig D. Tipton

Date 8-21-03

Country of Citizenship U.S.A.

Residence

(city and state or foreign country)

Perry, Ohio

Post Office Address

3595 Call Road

Perry, OH 44081

Full name of second joint inventor, if any

Shreyasi

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Lahiri

(FAMILY OR LAST NAME)

Inventor's signature

Shreyasi Lahiri

Date 8/21/03

Country of Citizenship U.S.A.

Residence

Mentor, Ohio

Post Office Address

7676 Fairview Avenue

Mentor, OH 44060

